



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

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Board of Registration In Pharmacy  
239 Causeway Street, Suite 200, Boston, MA 02114  
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<http://www.mass.gov/reg/boards/ph>

**PETITION FOR A WAIVER OF THE PROVISIONS OF 247  
LICENSURE OF A PHARMACY AND OR PHARMACY DEPARTMENT**

Application to be completed by the registered pharmacist who is or shall be responsible for the management and operation of the pharmacy and or pharmacy department.

Pursuant to 247 CMR (14.01), I hereby apply for a special or limited use pharmacy or pharmacy department permit because the type of pharmacy practice is of a special, limited or unusual nature as compared to regular pharmacy services.

Name of pharmacy and or pharmacy department:

Location:

Phone number:

Contact Person:

Please use separate sheets to complete the following and attach sheets to application:

1. List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.
2. Explain the compelling public interest that would be served by the granting of a waiver.
3. Explain why adherence to the regulation(s) would be impractical and unduly burdensome.
4. Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.

Before acting upon any petition the Board may require the applicant to personally appear before the Board to answer questions that would enable the Board to determine that the issuance of a permit would be in the best interest of the public health, welfare and safety and adherence to 247 CMR would be unreasonable.

Upon the granting of a waiver and issuance of a special or limited-use permit, the Board will issue a written finding that recites the specific Board regulations(s) which are being waived, the reasons the Board is waiving the regulation(s) at issue, and lists and contingent restrictions under which the pharmacy or pharmacy department may operate.

I declare that the statement and answered herein-contained are true and are made under the pains and penalties of perjury.

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Signature of pharmacist manager of record

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Date